Case 16-14471-mdc Doc 30 Filed 01/26/17 Entered 01/26/17 01:09:01 Desc Main Document Page 1 of 2

| Fill | in this information to identify your | case: | | | | | | | | | | |
|-------|--|--|-------------------------|------------|------|---|----------------|--------------|----------------------------------|----------|--|--|
| De | btor 1 Camara J | Thorpe | | | _ | | | | | | | |
| 1 | btor 2 ouse, if filing) | | | | _ | | | | | | | |
| Un | ited States Bankruptcy Court for the | ne: EASTERN DISTRIC | Γ OF PENNSYLVANIA | | _ | | | | | | | |
| | se number 16-14471 | | | | | Check if this is: | | | | | | |
| (If k | nown) | | | | | ■ An amended filing □ A supplement showing postpetition chapter | | | | | | |
| | | | | | | | | | g postpetition ollowing date: | | | |
| 0 | fficial Form 106I | | | | | <u> </u> | /IM / DD/ \ | /YYY | | | | |
| S | chedule I: Your Ind | come | | | | | | | | 12/1 | | |
| spo | plying correct information. If you are separated and you are separated and you are separated to this form the separate sheet she | our spouse is not filing w a. On the top of any addit | rith you, do not includ | e infor | mati | on abou | t your sp | ouse. If mo | ore space is | needed, | | |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or non-fi | ling spouse | | | |
| | If you have more than one job, | Employment status | ■ Employed | ■ Employed | | | ☐ Employed | | | | | |
| | attach a separate page with information about additional | 2pioyon otatao | ☐ Not employed | | | | ☐ Not employed | | | | | |
| | employers. | Occupation | Limo Driver Self Employ | | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | | | |
| | Occupation may include studen or homemaker, if it applies. | Employer's address | | | | | | | | | | |
| | | How long employed | there? 2 Years | | | | _ | | | | | |
| Pa | rt 2: Give Details About M | onthly Income | | | | | | | | | | |
| | imate monthly income as of the use unless you are separated. | date you file this form. If | you have nothing to re | port for | any | line, write | e \$0 in the | space. Inc | clude your nor | n-filing | | |
| | ou or your non-filing spouse have re space, attach a separate sheet | | ombine the information | for all e | empl | oyers for | that perso | on on the li | nes below. If y | you need | | |
| | | | | | | For De | btor 1 | | btor 2 or ng spouse | | | |
| 2. | List monthly gross wages, sa deductions). If not paid monthly | | | 2. | \$ | | 0.00 | \$ | N/A | | | |
| 3. | Estimate and list monthly ove | rtime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | | | |
| 4. | 4. Calculate gross Income. Add line 2 + line 3. | | | 4. | \$ | | 0.00 | \$ | N/A | | | |

0.00

N/A

| Debt | or 1 | Camara J Thorpe | _ | Case | number (if known) | 16-14471 | | | | |
|------|--|---|----------|--------------|---|-----------------------------------|----------|----------|--|--|
| | | | _ | | | | | | | |
| | | | | - | D-1-14 | E. D.L. | . 0 | | | |
| | | | | For Debtor 1 | | For Debtor 2 or non-filing spouse | | | | |
| | Con | y line 4 here | 4. | \$ | 0.00 | \$ | N/A | | | |
| | СОР | y line 4 nere | ٦. | Ψ_ | 0.00 | Ψ | IN/A | - | | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | N/A | | | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$ | N/A | - | | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A | - | | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | - | | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | N/A | - | | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | - | | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A | | | |
| | 5h. | Other deductions. Specify: | 5h.+ | • \$ _ | 0.00 | + \$ | N/A | - | | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | \$ | 0.00 | \$ | N/A | - | | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | N/A | - | | |
| 0 | | | | · – | | | | - | | |
| 8. | 8a. | all other income regularly received: Net income from rental property and from operating a business, | | | | | | | | |
| | ٠ | profession, or farm | | | | | | | | |
| | | Attach a statement for each property and business showing gross | | | | | | | | |
| | | receipts, ordinary and necessary business expenses, and the total | _ | _ | | _ | | | | |
| | | monthly net income. | 8a. | \$_ | 2,714.00 | \$ | N/A | | | |
| | 8b. | Interest and dividends | 8b. | \$_ | 0.00 | \$ | N/A | - | | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | | | | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | | | | | | | | |
| | | settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | | | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | - | | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | = | | |
| | 8f. | Other government assistance that you regularly receive | | _ | | | | - | | |
| | | Include cash assistance and the value (if known) of any non-cash assistance | : | | | | | | | |
| | | that you receive, such as food stamps (benefits under the Supplemental | | | | | | | | |
| | | Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A | | | |
| | 8g. | Pension or retirement income | – 8g. | \$ - | 0.00 | \$ | N/A | - | | |
| | 8h. | Other monthly income. Specify: IRS refund in 2016 for 2015 Return | | · · · | 945.00 | * | N/A | - | | |
| | 011. | The return in 2010 for 2013 Return | | <u> </u> | 343.00 | · — | | - | | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 3,659.00 | \$ | N/A | ١ | | |
| | | | | | | | | ╛ | | |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. \$ | | 3,659.00 + \$ | N/A | \$ | 3,659.00 | | |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | ΙΟ. Ψ | | - 3,033.00 · Ψ_ | 13/7 | <u> </u> | 3,033.00 | | |
| | | | | | | | | | | |
| 11. | | e all other regular contributions to the expenses that you list in Schedule | | معمدم | | | | | | |
| | | Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and | | | | | | | | |
| | | other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J.</i> | | | | | | | | |
| | Spe | | | | , | | . +\$ | 0.00 | | |
| | | | | | | | | | | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The res | | | | | | | | |
| | Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | | | | | | | 3,659.00 | | |
| | аррі | ICS | | | | 12. | | - | | |
| | | | | | | | Combin | | | |
| 10 | D | rou expect on increase or degrees within the year often year file this forms | 2 | | | | monthly | y income | | |
| ١٥. | PO) | vou expect an increase or decrease within the year after you file this form | ſ | | | | | | | |
| | _ | No. | | | | | | | | |
| | | Yes. Explain: | | | | | | | | |